

09/83035

USPTO PAT. STATEMENT (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | WJ | 45 | 5/14 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|------|
| Final | |
| Original | |
| 6/02 | |
| 10/02 | |
| 1/04 | |
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| 20 | + |
| 21 | ✓ |
| 22 | ✓ |
| 23 | ✓ |
| 24 | ✓ |
| 25 | 0 |
| 26 | ✓ |
| 27 | 0 |
| 28 | 0 |
| 29 | 0 |
| 30 | 0 |
| 31 | ✓ |
| 32 | ✓ |
| 33 | ✓ |
| 34 | ✓ |
| 35 | ✓ |
| 36 | ✓ |
| 37 | ✓ |
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| 39 | ✓ |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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